

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

70/748962

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1														
2									51					
3									52					
4									53					
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46									95					
47									96					
48									97					
49									98					
50									99					
									100					
TOTAL IND.									TOTAL IND.					
TOTAL DEP.									TOTAL DEP.					
TOTAL CLAIMS									TOTAL CLAIMS					